

SECOND REGULAR SESSION

HOUSE BILL NO. 1842

97TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE FREDERICK.

5997L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 334.035, 334.104, and 334.735, RSMo, and to enact in lieu thereof four new sections relating to assistant physicians.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 334.035, 334.104, and 334.735, RSMo, are repealed and four new
2 sections enacted in lieu thereof, to be known as sections 334.035, 334.036, 334.104, and
3 334.735, to read as follows:

334.035. **Except as otherwise provided in section 334.036**, every applicant for a
2 permanent license as a physician and surgeon shall provide the board with satisfactory evidence
3 of having successfully completed such postgraduate training in hospitals or medical or
4 osteopathic colleges as the board may prescribe by rule.

334.036. 1. For purposes of this section, the following terms shall mean:

2 **(1) "Assistant physician", any medical school graduate who:**

3 **(a) Is a resident and citizen of the United States or is a legal resident alien;**

4 **(b) Has successfully completed Step 1 and Step 2 of the United States Medical**
5 **Licensing Examination or the equivalent of such steps of any other board-approved**
6 **medical licensing examination within the eighteen-month period immediately preceding**
7 **application for licensure as an assistant physician; and**

8 **(c) Has not entered into postgraduate residency training prescribed by rule of the**
9 **board under section 334.035;**

10 **(d) Has proficiency in the English language;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

11 (2) "Assistant physician collaborative practice arrangement", an agreement
12 between a physician and an assistant physician which meets the requirements of this
13 section and section 334.104;

14 (3) "Medical school graduate", any person who has graduated from a medical
15 college or osteopathic medical college described in section 334.031.

16 2. (1) An assistant physician collaborative practice arrangement shall limit the
17 assistant physician to providing only primary care services and only in medically
18 underserved rural or urban areas of this state.

19 (2) For a physician-assistant physician team working in a rural health clinic under
20 the federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

21 (a) An assistant physician shall be considered a physician assistant for purposes of
22 regulations of the Centers for Medicare and Medicaid Services (CMS); and

23 (b) No supervision requirements in addition to the minimum federal law shall be
24 required.

25 3. (1) For purposes of this section, the licensure of assistant physicians shall take
26 place within processes established by rules of the state board of registration for the healing
27 arts. The board of healing arts is authorized to establish rules under chapter 536
28 establishing licensure and renewal procedures, supervision, collaborative practice
29 arrangements, fees, and addressing such other matters as are necessary to protect the
30 public and discipline the profession. An application for licensure may be denied or the
31 licensure of an assistant physician may be suspended or revoked by the board in the same
32 manner and for violation of the standards as set forth by section 334.100, or such other
33 standards of conduct set by the board by rule.

34 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is
35 created under the authority delegated in this section shall become effective only if it
36 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
37 section 536.028. This section and chapter 536 are nonseverable and if any of the powers
38 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
39 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
40 grant of rulemaking authority and any rule proposed or adopted after August 28, 2014,
41 shall be invalid and void.

42 4. An assistant physician shall clearly identify himself or herself as an assistant
43 physician and shall be permitted to use the terms "doctor", "Dr." or "doc". No assistant
44 physician shall practice or attempt to practice without an assistant physician collaborative
45 practice arrangement, except as otherwise provided in this section and in an emergency
46 situation.

47 **5. The collaborating physician is responsible at all times for the oversight of the**
48 **activities of, and accepts responsibility for, primary care services rendered by the assistant**
49 **physician.**

50 **6. The provisions of section 334.104 shall apply to all assistant physician**
51 **collaborative practice arrangements. To be eligible to practice as an assistant physician,**
52 **a licensed assistant physician shall enter into an assistant physician collaborative practice**
53 **arrangement within six months of his or her initial licensure and shall not have more than**
54 **a six-month time period between collaborative practice arrangements during his or her**
55 **licensure period. Any renewal of licensure under this section shall include verification of**
56 **actual practice under a collaborative practice arrangement in accordance with this**
57 **subsection during the immediately preceding licensure period.**

 334.104. 1. A physician may enter into collaborative practice arrangements with
2 **assistant physicians, physician assistants, or** registered professional nurses. Collaborative
3 practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols,
4 or standing orders for the delivery of health care services. Collaborative practice arrangements,
5 which shall be in writing, may delegate to [a] **an assistant physician, physician assistant, or**
6 registered professional nurse the authority to administer or dispense drugs and provide treatment
7 as long as the delivery of such health care services is within the scope of practice of the **assistant**
8 **physician, physician assistant, or** registered professional nurse and is consistent with that
9 **assistant physician's, physician assistant's or nurse's skill, training and competence and the**
10 **skill and training of the collaborating physician.**

11 2. Collaborative practice arrangements, which shall be in writing, may delegate to:

12 **(1) An assistant physician or physician assistant the authority to dispense or**
13 **prescribe drugs and provide treatment to the extent permitted within the assistant**
14 **physician's or physician assistant's scope of practice and licensure;**

15 **(2)** A registered professional nurse the authority to administer, dispense or prescribe
16 drugs and provide treatment if the registered professional nurse is an advanced practice registered
17 nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may
18 delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to
19 administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of
20 section 195.017; except that, the collaborative practice arrangement shall not delegate the
21 authority to administer any controlled substances listed in Schedules III, IV, and V of section
22 195.017 for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic,
23 or surgical procedures. Schedule III narcotic controlled substance prescriptions shall be limited
24 to a one hundred twenty-hour supply without refill.

26 Such collaborative practice arrangements shall be in the form of written agreements, jointly
27 agreed-upon protocols or standing orders for the delivery of health care services.

28 3. The written collaborative practice arrangement shall contain at least the following
29 provisions:

30 (1) Complete names, home and business addresses, zip codes, and telephone numbers
31 of the collaborating physician and the **assistant physician, physician assistant, or** advanced
32 practice registered nurse;

33 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
34 subsection where the collaborating physician authorized the **assistant physician, physician**
35 **assistant, or** advanced practice registered nurse to prescribe;

36 (3) A requirement that there shall be posted at every office where the **assistant**
37 **physician, physician assistant, or** advanced practice registered nurse is authorized to prescribe,
38 in collaboration with a physician, a prominently displayed disclosure statement informing
39 patients that they may be seen by an **assistant physician, physician assistant, or** advanced
40 practice registered nurse and have the right to see the collaborating physician;

41 (4) All specialty or board certifications of the collaborating physician and all
42 certifications of the **assistant physician, physician assistant, or** advanced practice registered
43 nurse;

44 (5) The manner of collaboration between the collaborating physician and the **assistant**
45 **physician, physician assistant, or** advanced practice registered nurse, including how the
46 collaborating physician and the **assistant physician, physician assistant, or** advanced practice
47 registered nurse will:

48 (a) Engage in collaborative practice consistent with each professional's skill, training,
49 education, and competence;

50 (b) Maintain geographic proximity, except the collaborative practice arrangement may
51 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
52 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
53 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This
54 exception to geographic proximity shall apply only to independent rural health clinics,
55 provider-based rural health clinics where the provider is a critical access hospital as provided in
56 42 U.S.C. 1395i-4, and provider-based rural health clinics where the main location of the
57 hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is
58 required to maintain documentation related to this requirement and to present it to the state board
59 of registration for the healing arts when requested; and

60 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
61 collaborating physician;

62 (6) A description of the **assistant physician's, physician assistant's, or** advanced
63 practice registered nurse's controlled substance prescriptive authority in collaboration with the
64 physician, including a list of the controlled substances the physician authorizes the **assistant**
65 **physician, physician assistant, or** nurse to prescribe and documentation that it is consistent
66 with each professional's education, knowledge, skill, and competence;

67 (7) A list of all other written practice agreements of the collaborating physician and the
68 **assistant physician, physician assistant, or** advanced practice registered nurse;

69 (8) The duration of the written practice agreement between the collaborating physician
70 and the **assistant physician, physician assistant, or** advanced practice registered nurse;

71 (9) A description of the time and manner of the collaborating physician's review of the
72 **assistant physician's, physician assistant's, or** advanced practice registered nurse's delivery
73 of health care services. The description shall include provisions that the **assistant physician,**
74 **physician assistant, or** advanced practice registered nurse shall submit a minimum of ten
75 percent of the charts documenting the **assistant physician's, physician assistant's, or** advanced
76 practice registered nurse's delivery of health care services to the collaborating physician for
77 review by the collaborating physician, or any other physician designated in the collaborative
78 practice arrangement, every fourteen days; and

79 (10) The collaborating physician, or any other physician designated in the collaborative
80 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
81 charts in which the **assistant physician, physician assistant, or** advanced practice registered
82 nurse prescribes controlled substances. The charts reviewed under this subdivision may be
83 counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

84 4. The state board of registration for the healing arts pursuant to section 334.125 [and]
85 **, in consultation with** the board of nursing [pursuant to section 335.036 may jointly] **shall**
86 promulgate rules regulating the use of collaborative practice arrangements **for assistant**
87 **physicians, physician assistants, and nurses.** Such rules shall [be limited to specifying]
88 **specify** geographic areas to be covered, the methods of treatment that may be covered by
89 collaborative practice arrangements, **the development and implementation of proficiency**
90 **benchmarks and periodic skills assessment,** and the requirements for review of services
91 provided pursuant to collaborative practice arrangements, including delegating authority to
92 prescribe controlled substances. Any rules relating to dispensing or distribution of medications
93 or devices by prescription or prescription drug orders under this section shall be subject to the
94 approval of the state board of pharmacy. Any rules relating to dispensing or distribution of
95 controlled substances by prescription or prescription drug orders under this section shall be
96 subject to the approval of the department of health and senior services and the state board of
97 pharmacy. [In order to take effect, such rules shall be approved by a majority vote of a quorum

98 of each board. Neither the state board of registration for the healing arts nor the board of nursing
99 may separately promulgate rules relating to collaborative practice arrangements. Such jointly
100 promulgated rules shall be consistent with guidelines for federally funded clinics] **The state**
101 **board of registration for the healing arts shall promulgate one set of rules applicable to all**
102 **three licensure categories, and shall not promulgate separate rules applicable to only one**
103 **licensure category. Such promulgated rules shall be consistent with guidelines for federally**
104 **funded clinics.**

105
106 The rulemaking authority granted in this subsection shall not extend to collaborative practice
107 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant
108 to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as
109 of April 30, 2008.

110 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
111 otherwise take disciplinary action against a physician for health care services delegated to [a] **an**
112 **assistant physician, physician assistant, or** registered professional nurse provided the
113 provisions of this section and the rules promulgated thereunder are satisfied. Upon the written
114 request of a physician subject to a disciplinary action imposed as a result of an agreement
115 between a physician and [a] **an assistant physician, physician assistant, or** registered
116 professional nurse [or registered physician assistant], whether written or not, prior to August 28,
117 1993, all records of such disciplinary licensure action and all records pertaining to the filing,
118 investigation or review of an alleged violation of this chapter incurred as a result of such an
119 agreement shall be removed from the records of the state board of registration for the healing arts
120 and the division of professional registration and shall not be disclosed to any public or private
121 entity seeking such information from the board or the division. The state board of registration
122 for the healing arts shall take action to correct reports of alleged violations and disciplinary
123 actions as described in this section which have been submitted to the National Practitioner Data
124 Bank. In subsequent applications or representations relating to his **or her** medical practice, a
125 physician completing forms or documents shall not be required to report any actions of the state
126 board of registration for the healing arts for which the records are subject to removal under this
127 section.

128 6. Within thirty days of any change and on each renewal, the state board of registration
129 for the healing arts shall require every physician to identify whether the physician is engaged in
130 any collaborative practice agreement, including collaborative practice agreements delegating the
131 authority to prescribe controlled substances, [or physician assistant agreement] and also report
132 to the board the name of each licensed professional with whom the physician has entered into
133 such agreement. The board may make this information available to the public. The board shall

134 track the reported information and may routinely conduct random reviews of such agreements
135 to ensure that agreements are carried out for compliance under this chapter.

136 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
137 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
138 without a collaborative practice arrangement provided that he or she is under the supervision of
139 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
140 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
141 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a
142 collaborative practice arrangement under this section, except that the collaborative practice
143 arrangement [may] **shall** not delegate the authority to prescribe any controlled substances listed
144 in Schedules III, IV, and V of section 195.017.

145 8. A collaborating physician shall not enter into a collaborative practice arrangement
146 with more than three full-time equivalent **assistant physicians, physician assistants, or**
147 advanced practice registered nurses. **Such limitation may include any three full-time**
148 **equivalent combination of assistant physician, physician assistant, and advanced practice**
149 **registered nurse, but shall not exceed a total of three full-time equivalents for all three**
150 **categories combined.** This limitation shall not apply to collaborative arrangements of hospital
151 employees providing inpatient care service in hospitals as defined in chapter 197 or
152 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

153 9. It is the responsibility of the collaborating physician to determine and document the
154 completion of at least a one-month period of time during which the **assistant physician,**
155 **physician assistant, or** advanced practice registered nurse shall practice with the collaborating
156 physician continuously present before practicing in a setting where the collaborating physician
157 is not continuously present. This limitation shall not apply to collaborative arrangements of
158 providers of population-based public health services as defined by 20 CSR 2150-5.100 as of
159 April 30, 2008.

160 10. No agreement made under this section shall supersede current hospital licensing
161 regulations governing hospital medication orders under protocols or standing orders for the
162 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020
163 if such protocols or standing orders have been approved by the hospital's medical staff and
164 pharmaceutical therapeutics committee.

165 11. No contract or other agreement shall require a physician to act as a collaborating
166 physician for an **assistant physician, physician assistant, or** advanced practice registered nurse
167 against the physician's will. A physician shall have the right to refuse to act as a collaborating
168 physician, without penalty, for a particular **assistant physician, physician assistant, or**
169 advanced practice registered nurse. No contract or other agreement shall limit the collaborating

170 physician's ultimate authority over any protocols or standing orders or in the delegation of the
171 physician's authority to any **assistant physician, physician assistant, or** advanced practice
172 registered nurse, but this requirement shall not authorize a physician in implementing such
173 protocols, standing orders, or delegation to violate applicable standards for safe medical practice
174 established by hospital's medical staff.

175 12. No contract or other agreement shall require any **assistant physician, physician**
176 **assistant, or** advanced practice registered nurse to serve as a collaborating advanced practice
177 registered nurse for any collaborating physician against the **assistant physician's, physician**
178 **assistant's, or** advanced practice registered nurse's will. An **assistant physician, physician**
179 **assistant, or** advanced practice registered nurse shall have the right to refuse to collaborate,
180 without penalty, with a particular physician.

181 13. **All assistant physicians, physician assistants, and advanced practice registered**
182 **nurses in collaborative practice arrangements shall wear identification badges while acting**
183 **within the scope of their collaborative practice agreement. The identification badges shall**
184 **prominently display the licensure status of such assistant physicians, physician assistants,**
185 **and advanced practice registered nurses.**

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

- 2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- 3 (2) "Certification" or "registration", a process by a certifying entity that grants
4 recognition to applicants meeting predetermined qualifications specified by such certifying
5 entity;
- 6 (3) "Certifying entity", the nongovernmental agency or association which certifies or
7 registers individuals who have completed academic and training requirements;
- 8 (4) "Department", the department of insurance, financial institutions and professional
9 registration or a designated agency thereof;
- 10 (5) "License", a document issued to an applicant by the board acknowledging that the
11 applicant is entitled to practice as a physician assistant;
- 12 (6) "Physician assistant", a person who has graduated from a physician assistant program
13 accredited by the American Medical Association's Committee on Allied Health Education and
14 Accreditation or by its successor agency, who has passed the certifying examination administered
15 by the National Commission on Certification of Physician Assistants and has active certification
16 by the National Commission on Certification of Physician Assistants who provides health care
17 services delegated by a licensed physician. A person who has been employed as a physician
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on
19 Certification of Physician Assistants examination, and has active certification of the National
20 Commission on Certification of Physician Assistants;

21 (7) **"Physician assistant collaborative practice arrangement", an agreement**
22 **between a physician and a physician assistant which meets the requirements of this section**
23 **and section 334.104;**

24 (8) "Recognition", the formal process of becoming a certifying entity as required by
25 the provisions of sections 334.735 to 334.749[;

26 (8) "Supervision", control exercised over a physician assistant working with a
27 supervising physician and oversight of the activities of and accepting responsibility for the
28 physician assistant's delivery of care. The physician assistant shall only practice at a location
29 where the physician routinely provides patient care, except existing patients of the supervising
30 physician in the patient's home and correctional facilities. The supervising physician must be
31 immediately available in person or via telecommunication during the time the physician assistant
32 is providing patient care. Prior to commencing practice, the supervising physician and physician
33 assistant shall attest on a form provided by the board that the physician shall provide supervision
34 appropriate to the physician assistant's training and that the physician assistant shall not practice
35 beyond the physician assistant's training and experience. Appropriate supervision shall require
36 the supervising physician to be working within the same facility as the physician assistant for at
37 least four hours within one calendar day for every fourteen days on which the physician assistant
38 provides patient care as described in subsection 3 of this section. Only days in which the
39 physician assistant provides patient care as described in subsection 3 of this section shall be
40 counted toward the fourteen-day period. The requirement of appropriate supervision shall be
41 applied so that no more than thirteen calendar days in which a physician assistant provides
42 patient care shall pass between the physician's four hours working within the same facility. The
43 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the
44 physician assistant activity by the supervising physician and the physician assistant].

45 2. (1) A supervision agreement shall limit the physician assistant to practice only [at
46 locations described in subdivision (8) of subsection 1 of this section, where the supervising
47 physician is no further than fifty miles by road using the most direct route available and where
48 the location is not so situated as to create an impediment to effective intervention and
49 supervision of patient care or adequate review of services] **in accordance with this section and**
50 **section 334.104.**

51 (2) For a physician-physician assistant team working in a rural health clinic under the
52 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements
53 in addition to the minimum federal law shall be required.

54 3. The scope of practice of a physician assistant shall consist only of the following
55 services and procedures:

56 (1) Taking patient histories;

- 57 (2) Performing physical examinations of a patient;
58 (3) Performing or assisting in the performance of routine office laboratory and patient
59 screening procedures;
60 (4) Performing routine therapeutic procedures;
61 (5) Recording diagnostic impressions and evaluating situations calling for attention of
62 a physician to institute treatment procedures;
63 (6) Instructing and counseling patients regarding mental and physical health using
64 procedures reviewed and approved by a licensed physician;
65 (7) Assisting the [supervising] **collaborating** physician in institutional settings,
66 including reviewing of treatment plans, ordering of tests and diagnostic laboratory and
67 radiological services, and ordering of therapies, using procedures reviewed and approved by a
68 licensed physician;
69 (8) Assisting in surgery; **and**
70 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
71 physician as the physician's assistant has been trained and is proficient to perform[]; and
72 (10)] .
73

74 Physician assistants shall not perform or prescribe abortions.

75 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or
76 therapy unless pursuant to a physician [supervision agreement] **collaborative practice**
77 **arrangement** in accordance with the law, nor prescribe lenses, prisms or contact lenses for the
78 aid, relief or correction of vision or the measurement of visual power or visual efficiency of the
79 human eye, nor administer or monitor general or regional block anesthesia during diagnostic
80 tests, surgery or obstetric procedures. Prescribing and dispensing of drugs, medications, devices
81 or therapies by a physician assistant shall be pursuant to a physician assistant [supervision
82 agreement] **collaborative practice arrangement** which is specific to the clinical conditions
83 treated by the [supervising] **collaborating** physician and the physician assistant shall be subject
84 to the following:

- 85 (1) A physician assistant shall only prescribe controlled substances in accordance with
86 section 334.747;
87 (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a
88 physician assistant shall be consistent with the scopes of practice of the physician assistant and
89 the [supervising] **collaborating** physician;
90 (3) All prescriptions shall conform with state and federal laws and regulations and shall
91 include the name, address and telephone number of the physician assistant and the [supervising]
92 **collaborating** physician;

93 (4) A physician assistant, or advanced practice registered nurse as defined in section
94 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
95 professional samples to patients;

96 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies
97 the supervising physician is not qualified or authorized to prescribe; and

98 (6) A physician assistant may only dispense starter doses of medication to cover a period
99 of time for seventy-two hours or less.

100 5. A physician assistant shall clearly identify himself or herself as a physician assistant
101 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
102 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
103 assistant shall practice or attempt to practice without physician supervision or in any location
104 where the [supervising] **collaborating** physician is not immediately available for consultation,
105 assistance and intervention, except as otherwise provided in this section, and in an emergency
106 situation, nor shall any physician assistant bill a patient independently or directly for any services
107 or procedure by the physician assistant.

108 6. For purposes of this section, the licensing of physician assistants shall take place
109 within processes established by the state board of registration for the healing arts through rule
110 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
111 establishing licensing and renewal procedures, supervision, [supervision agreements]
112 **collaborative practice arrangements**, fees, and addressing such other matters as are necessary
113 to protect the public and discipline the profession. An application for licensing may be denied
114 or the license of a physician assistant may be suspended or revoked by the board in the same
115 manner and for violation of the standards as set forth by section 334.100, or such other standards
116 of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of
117 chapter 335 shall not be required to be licensed as physician assistants. All applicants for
118 physician assistant licensure who complete a physician assistant training program after January
119 1, 2008, shall have a master's degree from a physician assistant program.

120 7. ["Physician assistant supervision agreement" means a written agreement, jointly
121 agreed-upon protocols or standing order between a supervising physician and a physician
122 assistant, which provides for the delegation of health care services from a supervising physician
123 to a physician assistant and the review of such services. The agreement shall contain at least the
124 following provisions:

125 (1) Complete names, home and business addresses, zip codes, telephone numbers, and
126 state license numbers of the supervising physician and the physician assistant;

(2) A list of all offices or locations where the physician routinely provides patient care, and in which of such offices or locations the supervising physician has authorized the physician assistant to practice;

(3) All specialty or board certifications of the supervising physician;

(4) The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:

(a) Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and

(b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;

(5) The duration of the supervision agreement between the supervising physician and physician assistant; and

(6) A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that the supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days] **The provisions of section 334.104 shall apply to all physician assistant collaborative practice arrangements.**

8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.

9. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.

10. It is the responsibility of the [supervising] **collaborating** physician to determine and document the completion of at least a one-month period of time during which the licensed physician assistant shall practice with a [supervising] **collaborating** physician continuously present before practicing in a setting where a [supervising] **collaborating** physician is not continuously present.

[11. No contract or other agreement shall require a physician to act as a supervising physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant.

163 No contract or other agreement shall limit the supervising physician's ultimate authority over any
164 protocols or standing orders or in the delegation of the physician's authority to any physician
165 assistant, but this requirement shall not authorize a physician in implementing such protocols,
166 standing orders, or delegation to violate applicable standards for safe medical practice
167 established by the hospital's medical staff.

168 12. Physician assistants shall file with the board a copy of their supervising physician
169 form.

170 13. No physician shall be designated to serve as supervising physician for more than
171 three full-time equivalent licensed physician assistants. This limitation shall not apply to
172 physician assistant agreements of hospital employees providing inpatient care service in hospitals
173 as defined in chapter 197.]

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